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# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number: 3235-0076					
Expires:	April	30,20	1 80i		
Expires: April 30,2008 Estimated average burden					
hours per response 16.00					

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	SEC
Private offering of limited partnership interests	Mail Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE Section
	MAY UZ ZUUB
A. BASIC IDENTIFICATION DATA	1/4: 02
1. Enter the information requested about the issuer	1 M Am
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Majesty Long Bias, L.P.	Weähington, DC 191
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
21 Kercheval, Suite 265, Grosse Pointe Farms, MI 48236	313-640-7924
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same	Telephone Number (Including Area Code)
Brief Description of Business	<u> </u>
Brief Description of Business Private investment fund  MAY 0 6 2008	
Type of Business Organization    corporation   limited partnership, already formed   limited partnership, to be formed	please st
Month Year  Actual or Estimated Date of Incorporation or Organization: O2 O5 ✓ Actual ☐ Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	08049776 :: □□□

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

# State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

							<del></del>		
			A. BASIC IDE	ENTI	FICATION DATA				
2. Enter the information req	uested for the fo	llowing	g:						
<ul> <li>Each promoter of th</li> </ul>	e issuer, if the is	suer ha	is been organized w	ithin	the past five years;				
<ul> <li>Each beneficial own</li> </ul>	er having the pov	ver to v	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	of a clas	ss of equity securities of the issuer
<ul> <li>Each executive office</li> </ul>	er and director o	of corpo	orate issuers and of	corpo	rate general and mar	aging	partners o	f partne	ership issuers; and
<ul> <li>Each general and ma</li> </ul>	anaging partner o	of partn	nership issuers.						
Check Box(es) that Apply:	<b>☑</b> Promoter	V	Beneficial Owner		Executive Officer	Q	Director	Ø	General and/or Managing Partner
Full Name (Last name first, if Majestic Capital Managem			<u> </u>	···,					
Business or Residence Address 21 Kercheval, Suite 265, 0				de)					. =
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Cimmarrusti, Anthony B.	individual)								
Business or Residence Address 21 Kercheval, Suite 265, G			-	de)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Gray, Bryce D.	individual)								
Business or Residence Address 21 Kercheval, Suite 265, G			-	de)					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				·				
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						<u> </u>		
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)		<u></u>	- 10000		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				· ·		···		
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)	<del></del>				

					B, I)	NFORMAT	ION ABOU	T OFFERI	NG				
1 17	e tha ice	uar cold	or does t	ha icenar ir	stand to sa	ll to non a	ooraditad i	nuectore in	this offer	ng?		Yes	No
l. Ha	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							X					
2. W								s 10	0,000.00				
								Yes	No				
	B. Does the offering permit joint ownership of a single unit?						<b>132</b>						
co If or	mmissior a person t states, lis	or simi to be list st the na	lar remune ted is an as: me of the b	ration for s sociated pe broker or de	olicitation rson or age aler. If mo	of purchase int of a brok	ers in conne ter or deale c (5) persor	ection with r registered is to be list	sales of sec d with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state ons of such		
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	ss or Res	idence .	Address (N	lumber and	Street, C	ity, State, Z	ip Code)						
Name o	of Associ	ated Br	oker or De	aler									
States	in Which	Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(C	heck "Al	1 States	" or check	individual	States)		************	***************************************			•••••	☐ Al	ll States
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Busine	ss or Res	sidence	Address ()	Number an	d Street, C	ity, State, 2	Zip Code)						
Name o	of Associ	ated Br	oker or De	aler									
States i	n Which	Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
(C	heck "Al	l States	" or check	individual	States)	•••••	•••••		••••••			☐ A	ll States
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Full Na	ame (Last	i name i	first, if ind	ividual)									
Busine	ss or Res	sidence	Address (	Number an	d Street, C	ity, State, 2	Zip Code)						
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Name	or Associ	ated Di	okei oi De	aici									
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		SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
			c
	Debt		
	Equity	<b></b>	\$
	Common Preferred	h	•
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total		\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Toron COSC in	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
,	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		<b>S</b>
	Legal Fees		\$_20,000.00
	Accounting Fees	<del>_</del>	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Copying, filing fees, communication charges, misc.		\$ 5,000.00
	Total	_	\$ 25,000.00

esty Long Blas, E.F.	Title of Signer (Print or Type)		
er (Print or Type) esty Long Bias, L.P.	Signature Cic a. Brill	Date April 23, 2008	
ature constitutes an undertaking by the issuer to a nformation furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchange Co ccredited investor pursuant to paragraph (b)(2	mmission, upon writte	
	D. FEDERAL SIGNATURE		
Total Payments Listed (column totals added)		<u>2</u> \$ <u>4</u>	99,975.00
Column Totals		🗾 💲 0.00	S 499,975.00
Other (specify):		🗆 \$	
Working capital		🗆 \$	<u></u> ✓ S 499,975.00
Repayment of indebtedness		🔲 \$	s
offering that may be used in exchange for the a	ssets or securities of another		_ 🗆 \$
Construction or leasing of plant buildings and f	facilities	[ \$	_ 🗆 \$
		[ \$	_ 🗆 \$
Purchase of real estate		\$	
Salaries and fees		Directors, & Affiliates	Payments to Others
		Payments to	
each of the purposes shown. If the amount for check the box to the left of the estimate. The total	any purpose is not known, furnish an estimate lof the payments listed must equal the adjusted	e and	
proceeds to the issuer."			\$
	and total expenses furnished in response to Part C proceeds to the issuer."  Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P Salaries and fees  Purchase of real estate  Purchase, rental or leasing and installation of an and equipment  Construction or leasing of plant buildings and a Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)  issuer has duly caused this notice to be signed by a ture constitutes an undertaking by the issuer to	and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."  Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be use ach of the purposes shown. If the amount for any purpose is not known, furnish an estimat check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.  Salaries and fees  Purchase of real estate  Purchase, rental or leasing and installation of machinery and equipment  Construction or leasing of plant buildings and facilities  Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)  D. FEDERAL SIGNATURE  issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Coinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2 er (Print or Type)  Signature	Payments to Officers, Directors, & Affiliates  Salaries and fees

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Attorney in fact for Anthony B. Cimmarrusti, Manager, Majestic Capital Management, LLC

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)